

U.S. Department of Justice
United States Marshals Service

RECEIVED
US MARSHALS EDNY
PROCESS RECEIPT AND RETURN
Instructions for Service of Process by U.S. Marshal

PLAINTIFF United States	2019 NOV -5 AM 10: 55	COURT CASE NUMBER 18-CR-51 (S-2) (ENV)
DEFENDANT Inna Chebanenko		TYPE OF PROCESS Order of Forfeiture

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
United States Marshals Service
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
225 Cadman Plaza East Street, Brooklyn, New York 11201

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW RICHARD P. DONOGHUE, United States Attorney Eastern District of New York 271 Cadman Plaza East, 7th Floor Brooklyn, New York 11201 Attn: AUSA Karin Orenstein	Number of process to be served with this Form 285	
	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Execute the Order of Forfeiture and deposit the Cashier's Check (No 9503719817) of \$8,000.00 into the **SADEF**.

19-FBI-007530

Signature of Attorney other Originator requesting service on behalf of: <i>Karin Orenstein by EV</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (718) 254-6188	DATE 11/5/19
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <i>53</i>	District to Serve No. <i>53</i>	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date <i>11/5/19</i>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date <i>NOV - 6 2019</i> Time <i>[Signature]</i> Signature of U.S. Marshal or Deputy

Service Fee <i>65.00</i>	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges <i>65.00</i>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <i>NOV \$0.00</i>
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REMARKS: *\$ 8,000.00 deposited into STAF on*

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

18-51-1